

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Patrick</u> FIRST MI	OFFICE USE ONLY Date Received <b>CITY OF SOUTH PADRE ISLAND</b> <b>APR - 8 2019</b> <b>RECEIVED BY CITY SECRETARY</b> Date Hand-delivered or Date Postmarked	
	NICKNAME LAST SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE		
<input type="checkbox"/> Change of Address	2216 Padre Blvd Ste B-190 South Padre Island, TX 78597		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(956) 572 3191		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Receipt # Amount \$ Date Processed Date Imaged	
	NICKNAME LAST SUFFIX		
	Shirley Donahue 6		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE		
	284 W Georgia Rd South Padre Island TX 78597		<b>RECEIVED BY CITY SECRETARY</b> <b>APR - 8 2019</b>
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(956) 433 1564	<b>CITY OF SOUTH PADRE ISLAND</b>	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 03 / 05 / 2019 THROUGH 04 / 03 / 2019		
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	N/A	Mayor	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

**14 C/OH NAME** Patrick McNulty **15 Filer ID (Ethics Commission Filers)**

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

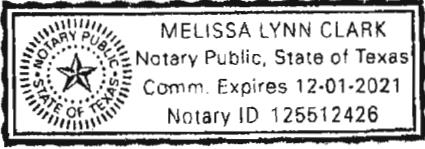
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

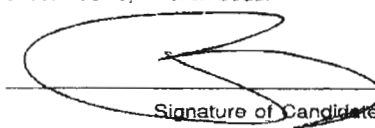
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 250.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6121.99 <del>5475.00</del>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4796.75
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6121.99
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

**18 AFFIDAVIT**

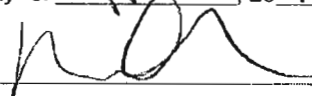


AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Patrick McNulty, this the 3rd day of April, 2019, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

Melissa Clark  
 Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19** FILER NAME**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5871.99
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 4728.01
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 64.68
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

Patrick McNulty

3 Filer ID (Ethics Commission Filers)

4 Date

3/19/19

5 Full name of contributor

William Cate

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City: State: Zip Code

11 Woodlake Dallas TX 75230

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/25/19

Full name of contributor

Alvin H. Holand

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$500.00

Contributor address;

City: State: Zip Code

P.O. Box 410 McAllen TX 78505

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/19

Full name of contributor

Sandy & Penny Rott

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$50.00

Contributor address;

City: State: Zip Code

2407 Stone Gate  
Festus, MO 63028-3696

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/19

Full name of contributor

Sylvia Escamilla

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$20.00

Contributor address;

City: State: Zip Code

119 E Bahama #1  
South Padre Island TX 78597

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

Patrick McNulty

3 Filer ID (Ethics Commission Filers)

4 Date

3/22/19

5 Full name of contributor

Ken Lee Martin

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City: State: Zip Code

2 Liser Glen  
San Antonio TX 78257

8 Principal occupation / Job title (See Instructions)

Retiree

9 Employer (See Instructions)

Date

3/7/19

Full name of contributor

Bill Donahue

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$1000.00

Contributor address;

City: State: Zip Code

500 Padre Blvd South Padre Island TX 78597

Principal occupation / Job title (See Instructions)

Hotelier

Employer (See Instructions)

Esle Gran

Date

3/17/19

Full name of contributor

Dan Good

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City: State: Zip Code

1000 Padre Blvd  
South Padre Island TX 78597

Principal occupation / Job title (See Instructions)

Retiree

Employer (See Instructions)

Date

3/14/19

Full name of contributor

Gabriel Vanousov

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$500.00

Contributor address;

City: State: Zip Code

4309 Padre Blvd South Padre Island TX 78597

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

Patrick McNulty

3 Filer ID (Ethics Commission Filers)

4 Date

3/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

William Greenwood

6 Contributor address;

City; State; Zip Code TX 78591

200 W Constellation South Padre Island

7 Amount of contribution (\$)

\$6000.00

8 Principal occupation / Job title (See Instructions)

Rental Business

9 Employer (See Instructions)

SPZ Rentals

Date

3/18

Full name of contributor

☐ out-of-state PAC (ID#:

Zeev Tafel

Contributor address;

City; State; Zip Code

904 Pacific Blvd  
South Padre Island TX 78597

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Date

3/13/19

Full name of contributor

☐ out-of-state PAC (ID#:

M. Daniel Bryant

Contributor address;

City; State; Zip Code

P.O. Box 2465  
South Padre Island TX 78597

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/26/19

Full name of contributor

☐ out-of-state PAC (ID#:

Bettina Toland

Contributor address;

City; State; Zip Code

9 Wooding Crane  
South Padre Island TX 78597

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

Patrick McWhirley

3 Filer ID (Ethics Commission Filers)

4 Date

4/12/19

5 Full name of contributor

Stacey Rice

☐ out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 101.99

6 Contributor address;

City; State; Zip Code

P.O. Box 3743, South Padre Island TX 78597

8 Principal occupation / Job title (See Instructions)

Real Estate Agent

9 Employer (See Instructions)

Self

Date

3/5/19

Full name of contributor

Patrick McWhirley

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$ 500.00

Contributor address;

City; State; Zip Code

2216 Padre Blvd South Padre Island TX 78597

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/19

Full name of contributor

Norris D Fletcher

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

\$ 50.00

Contributor address;

City; State; Zip Code

6 Golf House Rd Laguna Vista TX 78578

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <b>5</b>		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date <b>3/21/19</b>		6 Payee name <b>envelopes.com</b>			
7 Amount (\$) <b>73.95</b>		8 Payee address; City; State; Zip Code <b>5300 New Horizon Amityville NY 11701</b>			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Printing</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date <b>3/18/19</b>		Payee name <b>Ace Hardware</b>			
Amount (\$) <b>1.61</b>		Payee address; City; State; Zip Code <b>4022 Padre Blvd South Padre Island TX 78597</b>			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					



# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <b>5</b>		2 FILER NAME <b>Patrick McNulty</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date <b>3.18.19</b>		6 Payee name <b>Toucan Graphics</b>			
7 Amount (\$) <b>867.65</b>		8 Payee address: City: State: Zip Code <b>104 W Bahama #4 SPR TX 78597</b>			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Printing</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date <b>3/18/19</b>		Payee name <b>Home Report</b>			
Amount (\$) <b>96.31</b>		Payee address: City: State: Zip Code <b>605 W Morrison RD Brownsville TX 78520</b>			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <b>5</b>		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date <b>3/12/19</b>		6 Payee name <b>Toucan Graphics</b>			
7 Amount (\$) <b>1089.20</b>		8 Payee address: City: State: Zip Code <b>104 W Bohannon St Southlake, TX 78157</b>			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Printing</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date <b>2/25/19</b>		Payee name <b>Town Press</b>			
Amount (\$) <b>1000.00</b>		Payee address: City: State: Zip Code <b>2216 Padua Blvd Ste B-15 SPE TX 78157</b>			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <b>45</b>		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date		6 Payee name <b>Town Press Media</b>			
7 Amount (\$) <b>1498.50</b>		8 Payee address: City: State: Zip Code <b>1216 Palmer Blvd Ste 8-15 SP2 TX 78597</b>			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
Date <b>3/12/19</b>		Payee name <b>Home Depot</b>			
Amount (\$) <b>21.54</b>		Payee address: City: State: Zip Code <b>605 W Morrison Rd Brownsville TX 78520</b>			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <div style="text-align: center;">5</div>	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date <div style="text-align: center;">3/15/19</div>	<b>6</b> Payee name <div style="text-align: center;">Home Depot</div>	
<b>7</b> Amount (\$) <div style="text-align: center;">129.25</div>	<b>8</b> Payee address; City: State; Zip Code <div style="text-align: center;">605 W Morrison Rd Brownsville TX 78597</div>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Advertising</div>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>Patrick M. Mullen</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>3/13/19</i>	<b>5</b> Payee name <i>Patrick Mullen</i>	
<b>6</b> Amount (\$) <i>64.68</i>  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>2216 Padua Blvd SF 8 -190 South Padre Island TX 78597</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i><del>Patrick Mullen</del></i> Office sought: Office held:		

Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held:		

Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held:		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED